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A STUDY TO DETERMINE THE
ADMINISTRATIVE AND PROFESSIONAL
PROBLEMS AS PERCEIVED BY
ARMY NURSE CORPS OFFICERS
DURING THEIR ASSIGNMENT WITH A
CAMS ORGANIZATION
BY
CAPTAIN MARGARET E. WEYBERT, ANC

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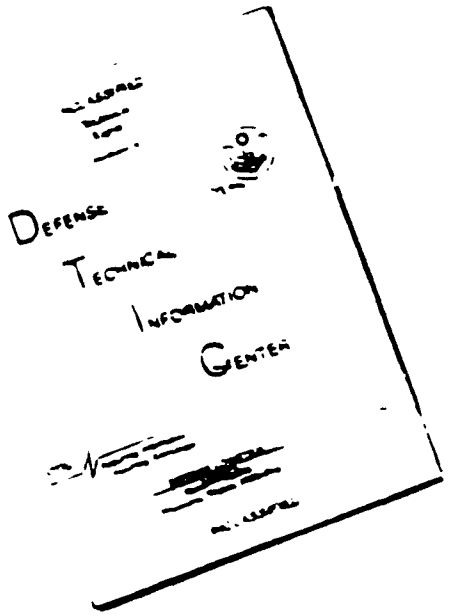

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A STUDY TO DETERMINE THE ADMINISTRATIVE AND PROFESSIONAL PROBLEMS AS PERCEIVED BY THE ARMY NURSE CORPS OFFICERS DURING THEIR ASSIGNMENT WITH A CIVIL AFFAIRS MILITARY GOVERNMENT ORGANIZATION

by

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A project submitted to the Faculty of the University of North Carolina in partial fulfillment of the requirements for the degree of Master of Public Health in the School of Public Health

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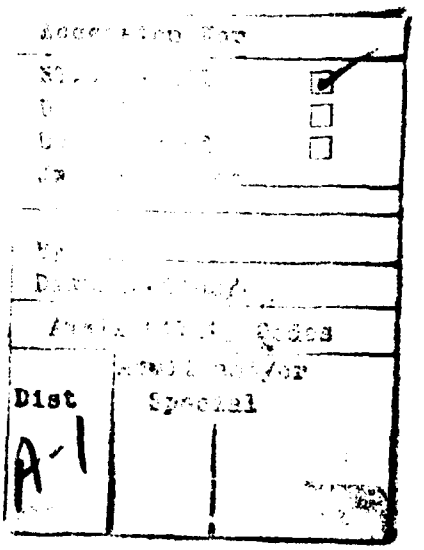

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INTRODUCTION

This particular research study was selected to determine the specific administrative and professional problems in nursing as experienced by nurses who have previously served with Civil Affairs Military Government.

It is believed that many skills should be an integral part of the preparation for nurses who in the future may be assigned as members of a Civil Affairs Military Government organization. In order for these Army Nurse Corps Officers to carry out their mission successfully we should determine what preparation they will need. This can be more readily accomplished by planning on the basis of what we have learned from our previous experiences. The German philosopher, George Wilhelm Friedrich Hegel (1770-1831) once said; "Peoples and Governments never have learned anything from history or acted upon principles deduced from it." (22:3)*

From this statement we should take heed and harken to those who have experienced much; we must open our eyes and our ears to what they have learned. Many valuable principles can be deduced from the past.

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* The first number in parenthesis refers to the number of the reference in the bibliography; the number following the colon refers to the page in the reference.

Recently John E. Kieffer wrote;

> Peculiar as it may sound, we might stand a better chance of winning the war if we spent a little less time planning how we were going to fight it and considerably more time in planning what we were going to do to win it after it was over. (15:286)

Obviously, the emphasis which is placed on winning the battle is certainly not new to us or our ancestors. In many of the educational texts, the legal guides of our National Archives, the historical biographies, and the novels relating to war, the theme is the same: the battles fought, those won, those lost, and the reasons why. But what happens after the battle can mold the destiny of millions of people. How much thought is given to this by the military planners with their weapons of destruction during the heat of battle?

> The fact that during the Second World War, civil affairs and occupation problems received little serious consideration before military operations were proceeding in liberated areas, and that the preparatory work for the occupation was of necessity eclipsed by the pressing requirements of winning the war, gave rise to a great deal of confusion. Moreover, considerations of military expediency, tending to outweigh and distort basic factors of long-term foreign policy, militated against the establishment of effective and lasting arrangements. (30:138)

However, in spite of this confusion and lack of serious consideration of civil affairs and occupation problems, much credit must be given to that relatively

small group of Armed Forces medical personnel who supervised the health of about three hundred million civilians during and after World War II. This venture is considered to be one of the most important and successful of the many activities of American Civil Affairs Military Government operations.

Also, a tribute can well be paid to the Civil Affairs program in Korea (1950-1955) which was one of civil assistance to a sovereign nation. After the emergency phase in 1952, public health activities were expanded from prevention of disease, starvation and unrest, to a long-range comprehensive program aimed at the general health, welfare and rehabilitation of the country.

Thus, in a period of one decade we were faced a second time with the decision: What to do after the battle is over!

We may well ask ourselves in each situation: Were we prepared to meet this challenge? Did we really know best how to go about our task? How much did we learn and put to use from past experience? How well did the countries fare as a result of our assistance? Do we really understand our responsibilities in such a circumstance?

As set forth in International Law;

> The duty of a sovereign power to protect and preserve the health and welfare of its citizens and inhabitants is universally recognized in all systems of law, and is applied to a greater or lesser extent by all governments. The preservation of the civilian public health is always a major function in Civil Affairs Military Government operations, not only because of its fundamental value in support of military operations, but also for humanitarian reasons which, additionally, have the sanction of international law. Such public health responsibilities in occupied territory are specifically set forth in international agreements and treaties to which the United States is a party or a signatory. (6:14)

Certain obligations seem to be clearly dictated and are accepted by our nation in this international agreement. Our responsibilities are of the gravest nature. To plan and be prepared in an area of nursing, in which it is difficult to visualize the exact expectations, is truly an area in which our greatest energy and imagination will be put to task. Thus it is with good reason this particular study was undertaken.

BRIEF HISTORY

This brief history not only provides background information and data concerning the Army Nurses Corps and Civil Affairs Military Government but enlists a deeper appreciation for the problem at hand.

Army Nurse Corps

The Army Nurse Corps, an all-commissioned Corps of the United States Army, is made up entirely of registered professional nurse practitioners. At the present time the Corps consists of Regular Army nurses and Reserve nurses serving on active duty, and Reserve nurses in civilian practice. Active duty refers to a full time nursing assignment in the military service.

Army nursing began in the Revolutionary days when General Gecrge Washington requested Congress to authorize a matron to supervise and nurses to attend the sick. During the Civil War period women volunteered their nursing services but in 1898 with the outbreak of the Spanish-American War, Congress again authorized under contract to the Army, the employment of nurses for the care of the sick and injured. Thereafter the Surgeon General set up an examining board to enroll qualified trained nurses and soon established an Army Nurse Corps Division to direct and

coordinate the efforts of military nursing.

In February, 1901 Congress established the Nurse Corps as a definite component of the Army. Not until 1920, however, was relative rank conferred upon members of the Nurse Corps.

Further recognition and status for the Army nurses came in June 1944 by the passage of Public Law 350 which was effective until January 1948. This law authorized the Commissioned rank for nurses with comparable pay and privileges of officers in their grade.

The most significant step in the evolution of military nursing was the passage of the Army-Navy Nurses Act in April 1947. This law created an Army Nurse Corps Section of the Officers' Reserve Corps and authorized a Regular Army component for nurses through which, for the first time, women became eligible for permanent commissions in the Regular Army.

Since 1955, qualified male nurses have been appointed as Reservists in the Army Nurse Corps and greater opportunities than ever are now available for promotion, experience, educational privileges, and retirement benefits.

During World War I, (1914-1918) about ten thousand Army nurses served in Great Britain, France, Italy, Belgium and Siberia. In World War II (1941-1945) a large percentage of the sixty-two thousand nurses voluntarily served

with American troops in many lands from the Southwest Pacific to Great Britain, North Africa, Italy, France, Germany or Iceland. Again, during the Korean hostilities (1950-1953) Army nurses served close to the fighting men to give care to the wounded.

Yet Army nursing is more than serving during combat. Although more hands are needed at such a critical time, what must be carried out after the fighting is over has now been recognized as the very essence for lasting peace.

The Army nurse, like her many military compatriots, is actually an ambassador. Everything she does in a foreign land is observed with great interest and she perhaps attracts more attention than a whole regiment of men!

Thus, it seems most expedient for the nurses who work closely with the people in other lands, to be thoroughly prepared. Not only should this preparation involve the particular principles and techniques of nursing but the skills of an important representative of our people. To carry out this momentous task, the Army nurse first must know herself: her strengths and weaknesses, including her biases and prejudices. She should also be aware of the cultural differences of the country in which she is to serve. She should be oriented to the problems which were encountered in similar past experiences so she can employ better methods in the future. For effective accomplishment

to take place the Army nurse must have a combination of enthusiasm, initiative, imagination, tact, intelligence and courage together with faith in the profession and the total mission. This preparation would contribute considerably to the strategy for survival and for lasting peace!

Civil Affairs Military Government

American military occupation first began during the Revolutionary War when Colonel George Rogers Clark invaded the Northwest Territory. "Clark's early military government may well have served as standing operating procedure for later military governors in the long line of subsequent American occupations of foreign territory." (29:425)

During the time of the Mexican War (1846-1848) the United States Army introduced democratic government in New Mexico and conducted civil affairs activities in Mexico.

The United States Army was engaged in occupation and civil affairs duties following the Civil War (1861-1865) until 1877.

After the Spanish-American War of 1898, American military government was in effect in Cuba, Puerto Rico and the Phillipines.

Following World War I the United States was responsible for military government in a section of Germany for

about five years. Reports of this activity had several references to public health and sanitation which proved beneficial for planning purposes in World War II.

Shortly after the attack on Pearl Harbor on December 7, 1941, a United States Army School of Military Government was established at Charlottesville, Virginia in May, 1942. This school and the Civil Affairs Training Schools established at ten Universities in 1943, graduated approximately seven thousand officers trained in military government. About ten percent of this number were medical and sanitary officers.

The Civil Affairs Division was organized in the War Department General Staff in May, 1943 and maintained close liason with the Office of the Surgeon General. In March, 1946 an Office of Occupied Areas was created in the Department of State.

"During and after World War II American civil affairs and military government operations involved the most complex as well as the most primitive civilizations in Europe, the Pacific and the Orient." (14:18) The majority of the public health personnel, due to the very nature of their speciality, were primarily recruited from civil life. The United States Public Health Service contributed materially to the program by releasing a number of its officers to the Army for assignment to various

Civil Affairs Military Government activities.

With the invasion of South Korea and the onset of "hostilities" in 1951 came the combined efforts of allied countries designated as The United Nations Civil Assistance Command, Korea (UNCACK) with the United States as the Unified Command. In July, 1953 UNCACK was reorganized as the Korea Civil Assistance Command (KCAC) and related its mission to the reconstruction and rehabilitation of the Republic of Korea.

Much work has been done since and great strides have been made in determining the organization, mission, functions and operational procedures of Civil Affairs Military Government in so far as they pertain to the various aspects of public health, hygiene, sanitation and civilian medical care.

STATEMENT OF THE RESEARCH PROBLEM

To determine the administrative and professional problems as perceived by Army nurses during their assignment with a Civil Affairs Military Government organization.

Purpose

This research study was selected to identify the administrative and professional problems and to determine the areas in which these problems were encountered by Army Nurse Corps Officers during an assignment with a Civil Affairs Military Government organization. It is in "living through" an experience that individuals are more likely to realize the problems as they really exist, and thus are better equipped to provide concrete information about these problems. With this identification of problem areas through the research study, it is hoped more concrete data will be available upon which to guide and to plan careers for selected nurses in the event they are called upon to again serve with Civil Affairs Military Government.

Objectives

For the purpose of this study the following objectives were adopted:

1. To attempt to determine the problems in the area of administration.

2. To attempt to determine the problems in the area of professional nursing.

3. To attempt to determine if there were specific grouping or clumping of circumstances which could be used as a basis for the classification of the administrative and professional problems.

4. To attempt to determine, if within the administrative and professional problem areas of the specific classifications, there are indications for further study.

DEFINITION OF TERMS

Administrative problems, for the purposes of this study, are defined as those areas related to management, direction, and/or the process of administering the standards of operation, general organization, and functional activities of Civil Affairs Military Government.

Professional problems in this study are defined as those problems concerned with the principles and practices or basic activities of professional nursing.

An Army Nurse Corps Officer is a registered professional nurse who has been commissioned an officer in the Army Nurse Corps, United States Army.

> Civil Affairs Military Government* (CAMG) encompasses all powers exercised and responsibilities assumed by the military commander in an occupied or liberated area with respect to the lands, properties, and inhabitants of the area, whether such administration be in enemy, allied, or domestic territory.
>
> Military Government (MG) is that form of government which is established and maintained by an armed occupying force over the lands, properties and inhabitants of any enemy, allied, or domestic territory. Legislative, executive and judicial authority are vested in the supreme military commander, whose authority is limited only by the rule of international law and established customs of war. In these circumstances the non-United States government exercises no authority.

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*For definitions not given herein see: Dictionary of United States Military Terms for Joint Usage, Departments of the Army, the Navy and the Air Force, Washington 25, C. D. (AR 320-1) Dictionary of United States Army Terms (SR 320-5-1).

Civil Affairs (CA) is the term applied to any relationship existing between an occupying force and the government and inhabitants of territory within which such force is located, wherein the degree of control exercised by the occupying force is less than the full authority exercised under Military Government. The non-United States government would be recognized by treaty, agreement or otherwise as having certain authority independent of the military commander. (6:12)

Occupied territory is any area in which military government is exercised by an armed force. It does not include territory in which an armed force is located but has not assumed any authority over the civil government.

Liberated territory is any area, domestic, neutral or friendly, which, having been occupied by an enemy, is thereafter occupied by friendly forces, or recovered from rebels treated as belligerents.

A military governor is a military officer who administers an occupied territory, usually temporarily, with the aid of a military force.

A theater of operations is that portion of a theater of war necessary for military operations, either offensive or defensive, pursuant to an assigned mission, and for the administration incident to such military operations; theater limits are usually designated by competent authority.

A theater of operations normally is divided into a combat zone and a communications zone. The combat zone is the forward area necessary for ground combat operations and for the immediate administration of the forces operating therein; the communications zone is the area in the rear of the combat zone required for administration and supply of the theater as a whole. Actual areas in each zone depend upon the tactical situation and various other factors.

Public Health is the science and art of preventing disease, prolonging life, and promoting physical and mental efficiency through organized community efforts for the sanitation of the environment, the control of disease, the education of the individual

> in the principles of personal, physical, and mental hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the recommendation for needed social reforms to provide minimal living standards requisite for maintenance of health. (6:13,14)

> The mission of the public health organization of military government is to contribute to military success in a theater of operations by the effective organization, utilization, and supervision of indigenous personnel and resources so as best to conserve civilian health and provide at least minimum standards of medical care for civilians. (19:6)

The team refers to that group of persons associated together and coordinating efforts to obtain the objectives of the Civil Affairs Military Government mission.

Counter-part refers to that plan where the native or local nurse had a corresponding and comparable position to the Army Nurse Corps Officers assigned to Civil Affairs Military Government.

Inhibition refers to a restraining of function or of an activity.

METHODOLOGY

The method or approach of the study includes the review of literature on the problem, the research design and measurement instrument and a discussion of the survey population.

Review of the Literature

The writer has found no studies or surveys which deal specifically with the nursing problems in Civil Affairs Military Government. A review of the study, A Survey of the Experience and Opinions of the U. S. Military Government Officer in W.W.II (U) was informative but health matters were considered generally in the realm of public health, welfare and sanitation.

Several of the unpublished papers written by nurses who previously served with Civil Affairs Military Government present a review of the pertinent features of their experiences and referred to various instances when it was more difficult to carry out the nursing activities.

In the reports, Public Health and Medical Affairs, the postwar Germany nursing activities data relates primarily to: the shortage or surplus of native nurse power based on nurse ratio to population and to hospital beds; schools of nursing and rewriting of the Nurse Practice

Act; denazification activities; the shortage of funds and supplies for use in nursing education. The first specific reference to public health nursing activities is made in the report, October to December Quarterly Review, 1947. (2:14) It seems highly probable the Army nurses with Civil Affairs Military Government were actively participating in public health during the entire time the reports were being submitted yet this is not indicated as such in the writings.

Public Health and Welfare in Japan is a factual review of the progress made from the beginning of the occupation through 31 December 1948. It points out the activities and future programs in Japanese nursing as well as the problems related to nurse status and the establishment of democratic methods and philosophy.

The narrative and statistical report of the United Nations Command Civil Assistance and Economic Affairs - Korea portrays the nursing activities and the assistance which was made available through the aid and rehabilitation programs.

According to the information available to the writer, the health activities of Civil Affairs Military Government in the Ryukyus area, Austria, Sicily, Italy, France and the Philippine Islands were reported in the broader categories of public health, welfare and

sanitation. This is not to say there were no specific reports made on the nursing aspects. However, requests for published or unpublished materials were made to the several Military Historical Units and National Archives and these sources have not, thus far, indicated the availability of data regarding nursing activities in Civil Affairs Military Government.

The additional books, manuals and pamphlets reviewed proved very enlightening and extremely worthwhile from the standpoint of getting a broad picture of the many aspects of Civil Affairs Military Government. This literature revealed that much planning and preparation is necessary for such a complex organization to operate smoothly and efficiently, and that public health plays an extremely important role in the health and welfare of any nation. The nursing activities, an integral part of public health, is thus a necessary aspect of Civil Affairs Military Government.

The Research Design

This is a descriptive study which was primarily designed to attempt to identify the problem areas in nursing as encountered during a Civil Affairs Military Government assignment. The critical variables were

those administrative and professional problems as perceived by the Army Nurse Corps Officers. Also, the study was to determine in which areas the administrative and professional problems tended to group or clump. It was established that the information gleaned from the study would be qualitative or nominal data of an unordered, additative classification.

The anticipated responses to the questionnaire were determined to indicate whether most problems would be administrative, or most problems would be professional, or that administrative and professional problems would be about equal.

The classifications due to the clumping or grouping of circumstances which gave rise to the inhibition of the nursing program in the administrative and professional areas, were determined to indicate great variation, little variation or no variation.

The research was done by an instrument which measured the variables by direct assessment, that is, with a structured questionnaire. This questionnaire, mailed to the proposed respondents, was the only available means of securing information necessary for the study at this time. The personal interview type was recognized as the preferred method, but could not be used because the survey population was scattered throughout the United States,

Europe and Japan.

The questionnaire was constructed and then evaluated in lieu of pretesting. Pretesting, as such, could not be done since the survey population consisted of all persons known to have participated in the particular type of nursing in which the study was being done. Thus, the original questionnaire was subjected to review and criticism by selected individuals in an effort to determine the clarity of questions and if the type of information sought would be obtained through the proposed instrument. The following people assisted in the evaluation: Three military persons (one physician previously assigned in public health with Military Government and two Army nurses with teaching experience of foreign nurses in their country); six students and four instructors in the School of Public Health (three students served as Army nurses); one civilian public health nurse; one research laboratory technician. Revisions were made following the evaluation.

The revised questionnaires were mailed to the thirty-one nurses who had indicated their previous service as Army Nurse Corps Officers assigned as members of a Civil Affairs Military Government organization. An explanatory letter accompanied each questionnaire requesting cooperation in the study and urging that replies to the questions be explicit and frank. A self-addressed stamped envelope was included for the convenience of the respondent and to insure anonymity.

Survey Population

Although the information gathered was in retrospect, this seemed like a realistic approach since the identification of the administrative and professional problems was from the nurses who were actually involved and experienced the assignment.

Recognition was given to other variables in the study so as to avoid misleading projections or associations in reference to the findings of the survey.

The researcher recognizes the following extraneous variables or factors as possible influences in the nurse's perception of the administrative and professional problems:

1. Countries in which nurses were assigned with Civil Affairs Military Government.
2. Span of years over which nursing service was provided by Army nurses with Civil Affairs Military Government.
3. Time-range of individual nurse assignments with Civil Affairs Military Government.

Table I is shown for purposes of clarification.

Nurses assigned with Civil Affairs Military Government worked at the consultant or headquarters level, or, served at the advisory or team level. Thus, the problems identified by nurses at the different levels may account for a variation in what was considered an inhibition of the nursing program in a particular administrative or professional area.

TABLE I

BACKGROUND DATA OF SURVEY POPULATION--ARMY NURSE CORPS OFFICERS PREVIOUSLY ASSIGNED WITH CIVIL AFFAIRS MILITARY GOVERNMENT

Number of Nurses	Countries Assigned	Span of Years Army Nursing Service Was Provided	Time-Range of Individual Nurse Assignment With CAMG	
			Minimum	Maximum
19	Germany, Austria, France	1944-1948	3½ months	3½ years
7	Japan, Okinawa, Korea	1944-1951	1 year	6 years
5	Korea	1952-1955	9 months	1½ years

Because of the differences of the individual nurse in relation to academic background, special Army preparation, and personal qualifications such as language, nationality or previous residence in the country assigned, there may be a corresponding variation in the problems perceived.

Nevertheless, the measurement instrument does indicate the administrative and professional problem areas and groups the various circumstances into identifiable classifications.

Selection of Sample Population

An original list of the names of nurses known to have served with a Civil Affairs Military Government organization was received from The Office of the Surgeon General. A letter, stating the purpose and a request for information regarding their Civil Affairs Military Government assignment, was sent to each of these nurses; the list of names from The Surgeon General was included with a request for additional names and addresses of persons not already stated who were known to have served in this capacity. As this information was received, a letter of inquiry was sent to each of the persons made known to the research worker.

Of the total sixty-two names, twenty (32.3%) were received from The Office of the Surgeon General and forty-two (67.7%) were acquired through the letters of inquiry. Of these sixty-two persons, thirty-one (50%) responded to letters from the research worker and expressed interest in participating in the study; thirty-one (50%) did not take part in the study for the varied reasons enumerated in Table III. Further clarification of the foregoing data may be noted in Table II.

TABLE II

THE NUMBER, PER CENT AND TYPE OF RESPONSES FROM LETTERS OF INQUIRY TO POSSIBLE PARTICIPANTS

Source of Names	Names Given		Agreed to Participate in Study		Would not Participate in Study	
	No.	%	No.	%	No.	%
Office of the Surgeon General	20	32.3	14	70.0	6	30.0
Acquired Through Letters of Inquiry	42	67.7	17	40.5	25	59.5
Total	62	100.0	31	50.0	31	50.0

In the original list of twenty names received from The Office of the Surgeon General, fourteen persons (70%) responded to the request for further information and additional names of persons known to have served with Civil Affairs Military Government. All of these persons agreed to assist in the research study. Of the remaining twenty persons who were sent letters: four did not respond; one letter was returned unopened; one stated she was not a nurse. Thus, of the original list of twenty persons, six individuals (30%) were not participants in the study.

Forty-two different names were acquired through the

letters of inquiry of individuals believed to have been Army Nurse Corps Officers previously assigned with Civil Affairs Military Government. In turn, of these forty-two individuals to whom letters were sent, seventeen persons (40.5%) agreed to participate in the study. From the contributed list of names, twenty-five persons (59.5%) would not take part in the study for a variety of reasons: nine persons did not respond to explanatory letters; five letters were returned unopened; three names of individuals were given without an accompanying address; three persons responded but had no Civil Affairs Military Government experience; one was a civilian nurse during her tour of duty; two persons were not nurses; one nurse served with Military Government but "does not wish to recall any of it"; one person was reported deceased. (See Table III)

Considerable assistance was given by The Office of the Surgeon General in an attempt to locate certain persons without a known address whose names had been contributed through the letters of inquiry. Under the circumstances, it was not possible to locate other individuals who might be qualified to participate in the study and sources that could be contacted through correspondence were fully explored.

TABLE III

THE SOURCE AND NUMBER OF NAMES AND THE REASONS INDIVIDUALS WERE NOT PARTICIPANTS IN THE STUDY

Specific Reasons For No Participation	Names from Office of the Surgeon General	Names Acquired Through Letters of Inquiry	Total
No Response to Letter of Inquiry	4	9	13
Letter Returned to Sender	1	5	6
Name Only - No Address	0	3	3
No CAMC Experience	0	3	3
Civilian Nurse	0	1	1
Not a Nurse	1	2	3
Does Not Wish to Respond	0	1	1
Deceased	0	1	1
Total	6	25	31

ANALYSIS AND INTERPRETATION OF DATA

In analyzing the results it is important to keep in mind that the purpose of the study was to determine the administrative and professional problem areas and into which classifications these problem areas tended to group. The indication of problem areas is based on the Army nurses having personally experienced inhibition of the nursing program due to any of the circumstances as given in the questionnaire during an assignment with Civil Affairs Military Government.

Questionnaires were sent to thirty-one nurses who had been contacted prior to the study and had agreed to participate in the survey through offering information as to their previous Civil Affairs Military Government experience as Army Nurse Corps Officers. Twenty-eight questionnaires were returned. Eight of these were disqualified for the following reasons: Four persons had inadvertently misstated the information and their assignments were as civilian nurses; one nurse sent only a narrative summary; the others felt their experiences did not apply or the time lapse had been too great for accurate recall.

Thus data from twenty respondents (65%) were used in the final analysis and interpretation. (Note Table IV)

TABLE IV

CIRCUMSTANCES INDICATED IN SPECIFIC PROBLEM AREAS WHICH RELATED TO THE NURSING PROGRAMS IN CAMG

Problem Areas	Responses Indicating Inhibition of the Nursing Program (+)		Responses Indicating No Inhibition of the Nursing Program (o)		Responses Indicating Circumstances Not Applicable[a]	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Administrative	99	13.75	--	--	--	--
Professional	76	10.55	--	--	--	--
Administrative and Professional	58[b]	8.06	444[c]	61.67	43[c]	5.97
Total	233	32.36	444	61.67	43	5.97

a. Counted when indicated with "N/A" or when both spaces were unmarked.

b. These circumstances were indicated with "+" in both the Administrative and Professional areas; thus together they were treated as one.

c. The circumstances indicated with "O", "N/A", or when unmarked, were each counted as one (1), in the Administrative and Professional problem area.

Source: Thirty-six circumstances indicated in questionnaire by twenty respondents (720 total responses); survey 11 April to 11 May 1959.

The thirty-six circumstances indicated in the questionnaires by the twenty respondents constitutes seven hundred twenty total responses in the survey. This total number of responses indicate the stated circumstances, did cause inhibition in the nursing program, caused no inhibition of the nursing program, or were not applicable or did not occur in an assignment. Throughout the study those responses to the circumstances indicating inhibition in the nursing program were designated as: in the administrative area; in the professional area; equally in the administrative and professional areas where no differentiation was made between the two areas -- these were considered together and counted as one.

Two hundred thirty-three (32%) of the responses to the thirty-six circumstances indicated inhibition in the nursing program was experienced. Four hundred forty-four (61%) indicated no inhibition and forty-three (5%) stated the circumstances not applicable or did not occur.

Of the circumstances indicated as a cause for inibition of the nursing program, ninety-nine (13%) were considered administrative, seventy-six (10%) were regarded as professional, and fifty-eight (8%) were equally distributed between the administrative and professional areas.

Just about two-thirds of the responses indicated the circumstances did not cause inhibition in the nursing program, were not applicable or did not occur during an assignment.

Approximately one-third of the total responses considered the stated circumstances as cause for inhibition of the nursing program. The greater portion of these was in the administrative area.

For an analysis of the responses indicating the problem areas according to classification of circumstances Tables V and VI may be noted. The number of circumstances within each of the five classifications varied between two and twelve. However, within each of the classifications, responses may be grouped according to those indicating inhibition, no inhibition or circumstances not applicable. Where inhibition was indicated by the responses, these were categorized in the areas of administration, professional or both.

In the classification of circumstances dealing with linguistics and verbal communication it is interesting to note, even though this involved the smallest number of responses, there is an almost equal division of the responses indicating inhibition (47%) and those indicating no inhibition (50%).

Of the forty-seven per cent indicating inhibition

TABLE V

DISTRIBUTION OF ADMINISTRATIVE AND PROFESSIONAL PROBLEM AREAS

Classification of Circumstances	Number of Circum.	Number of Responses	Number of Responses Indicating Inhibition of the Nursing Program (+)				Number of Responses Indicating No Inhibition of the Nursing Program (0)	Number of Responses Indicating Circumstances Not Applicable[a]
			Admin.	Profes.	Admin.& Profes.[b]	Total		
Policies, Directives, Planning, Preparation	9	180	42	6	13	61	113	6
Linguistics, Verbal Communication	2	40	9	6	4	19	20	1
Mechanical Communication, Logistics, Equipment, Supplies	5	100	19	5	8	32	61	7
Professional Preparation, Personnel	12	240	13	44	26	83	136	21
Cultural Differences, Attitudes, Feelings	8	160	16	15	7	38	114	8
Total	36	720	99	76	58	233	444	43

a. Counted when indicated with "N/A" or when both spaces were unmarked.

b. These circumstances were indicated with "+" in both the Administrative and Professional areas; thus together they were treated as one.

Source: Thirty-six circumstances indicated in questionnaire by twenty respondents (720 total responses); survey 11 April to 11 May 1959.

TABLE VI

PERCENTAGE DISTRIBUTION OF ADMINISTRATIVE AND PROFESSIONAL PROBLEM AREAS

Classification of Circumstances	Number of Circum.	Number of Responses	Percent of Responses Indicating Inhibition of the Nursing Program (+)				Per cent of Responses Indicating No Inhibition of the Nursing Program (0)	Percent of Responses Indicating Circumstances Not Applicable[a]
			Admin.	Profes.	Admin.&Profes.[b]	Total		
Policies, Directives, Planning Preparation	9	180	23.33	3.33	7.22	33.88	62.78	3.33
Linguistics, Verbal Communication	2	40	22.50	15.00	10.00	47.50	50.00	2.50
Mechanical Communication, Logistics, Equipment, Supplies	5	100	19.00	5.00	8.00	32.00	61.00	7.00
Professional Preparation, Personnel	12	240	5.42	18.33	10.83	34.58	56.67	8.75
Cultural Differences, Attitudes, Feelings	8	160	10.00	9.38	4.38	23.76	71.25	5.00
Total	36	720	13.75	10.55	8.06	32.36	61.67	5.97

a. Counted when indicated with "N/A" or when both spaces were unmarked.

b. These circumstances were indicated with "+" in both the Administrative and Professional areas; thus together they were treated as one.

Source: Thirty-six circumstances indicated in questionnaire by twenty respondents (720 total responses); survey 11 April to 11 May 1959.

in the program, twenty-three per cent fell in the administrative area. Various incidents and comments offered by the respondents which give further emphasis to these findings are such as:

> "Language handicaps always present problems";
>
> "Not only were interpreters possibly untrustworthy, but staff was also not trained in using interpreters";
>
> "Many errors: confused typhus fever with typhoid fever and very nearly obtained wrong vaccine";
>
> "We were given excellent interpreters, even so, it was difficult to communicate";
>
> "A speaking ability of the language would definitely be an asset to any CAMG member. . . . I think the officials appreciated any of our effort in learning their language";
>
> "The local nurse interpreter employed by the team was ineffective because her knowledge was poor. . . . but she was retained to 'save face'";
>
> "Language barrier greatest barrier in working with CAMG".

The professional preparation and personnel section shows a proportion of thirty-four per cent in the category indicating inhibition of the nursing program; fifty-six per cent stated no inhibition resulted; and not applicable, eight per cent. The professional problem area stands out as having the greater proportion within the section indicating inhibition of the program (18%).

Ten per cent did not differentiate as to the administrative and the professional areas, apparently considering both equally important.

Of the areas perceived as causing inhibition in the nursing program, the comments reflect primarily the inadequate experience and/or academic preparation of the Army nurse to cope with certain situations such as: giving assistance in establishment and operation of schools of nursing, advising in the formation of nurse licensure laws and official nurse organizations, and assisting in the preparation and selection of nursing texts. As well, limited experience or educational preparation on the part of the Army nurse was noted in her inability to offer advisory assistance in midwifery or to give guidance in hospital nursing administration and supervision. Generally, the responses indicate that while the Army nurses were prepared and felt quite competent in the realm of public health activities, they did believe areas dealing with hospital administration and schools of nursing should be the responsibility of advisory personnel trained in these special fields. Comments and views given by the respondents explain and describe these findings.

> "The (U.S.) nurse with advanced education in public health nursing is not qualified as a consultant in nursing education. She can help to a certain extent but her knowledge of

curriculum planning, selection of texts and the myriad of administrative and professional problems in hospital nursing administration are outside her capabilities. In those areas where the nurse would be working directly with superintendents of nursing and helping to establish such schools, nurses with a nursing education background would be of greater benefit to the native nurses";

"Our (U.S.) nurses are not in a position to make laws and those who do reach that stage, and are called nursing leaders, are on the late side of life. Up to five years ago we had no young leaders and hence very few of our nurses had made laws, etc.";

". . .many of our (U.S.) nurses had never helped from the ground floor up of an Association,. . . . Many a nurse will live, work and die and never be called upon to help with the formation of an Association -- local or otherwise";

". . .many nurses had never written an article for publication, how could we expect them to do a manual or select texts. Most of the texts in (U.S.) nursing schools are selected by top people or the curriculum requires certain books and the nurse receives no experience in selecting text books";

"I knew nothing about midwifery";

"... .administrative and supervisory nurses lacked the type of midwifery training to help with technical aspects of midwifery, inasmuch as we do less of this in the U. S. A.".

The impression given generally, regarding personnel, is that inadequately trained personnel directing the activities inhibited the program and the frequent transfer of the Army nurses did not allow for much accomplishment and a feeling of "getting somewhere". Various instances were sited in which assignments were made

on the basis of "available" personnel rather than on the basis of qualifications. Several examples of such or related comments are as stated:

> "Young lawyer without experience acting as judge";
>
> "Former college professor (non-medical) as Health Officer";
>
> "The officers in other units seemed much better prepared for their assignments than did the medical people";
>
> "Enlisted personnel were on some occasions disrespectful to natives who worked in my area. It seemed . . . this stemmed from a lack of knowledge of their role in working with the. . . people and of their role as representatives of the U. S. Government in a foreign land".

Comments to the circumstances referring to differences in method of training and interpretation of nursing care indicate inhibition of the program in that it was difficult for the Army nurses to understand and accept (foreign) nurses being treated as "servants and not thinking people"; who were not allowed to have voice in their nursing plans or to further their education. One respondent stated: "(This) can be frustrating but with time is understood. The whole status of women (foreign) must be improved before there will be complete change in the function of nursing."

Statements in regard to nurse consultive assistance for Army nurses follow a similar pattern which is evidenced

by these comments:

> "There were no nursing consultants higher than at the company level. Nurses worked alone as best they could";
>
> "No lack of competent consultant, but non-availability of consultant";
>
> "This nurse performed alone except for one weekly meeting with the physician director".

Several comments were contributed in reference to the circumstances indicated as not applicable or did not apply in an assignment. This information points out the feasibility of these responses in that:

> "Tour of duty being early in military government assignments for U. S. nurses, problems as stated relating to schools of nursing, etc., were not considered as such. Local hospitals were too busy with displaced persons, refugees, etc. . . . As far as I can remember, Schools of Nursing problems and their re-establishment came after my tour of duty";
>
> "I was with Military Government. . . immediately after cessation of hostilities (14 years ago); many of the points in the questionnaire as a result either did not refer to my situation or I have forgotten the circumstances";
>
> "During the time I was assigned. . . the nursing schools were all closed. . .".

In the classification of circumstances dealing with policies, directives, planning and preparation, thirty-three per cent of the responses indicated inhibition of the nursing program with the largest portion, twenty-three per cent, in the administrative area.

Within the classification, sixty-two per cent of the responses indicate no inhibition of the nursing program and three per cent of the responses considered the circumstances not applicable.

Of the administrative area indicating inhibition of the nursing program, generally, the problems stated were those due to lack of prior knowledge and understanding of the country and its particular cultural patterns, or the specific health conditions of the locale. Military directives, policies, channels of command and the role and function of the Army nurse were particularly pointed out as areas which were not clearly stated or defined. Restrictions as to time, place or area of travel were also indicated as inhibiting to the nursing program.

Various characteristic statements within the realm of this classification will bear out the particular findings. Accordingly, these comments by the respondents are as follows:

> "Many of the personnel had little or no knowledge of the characteristics of the . . . people or their culture;
>
> "Not only lack of understanding but frequently stubbornness in learning about the culture created many unfavorable attitudes which made it difficult. . . to establish good relationship";
>
> "Other members of Detachment did not understand relationship of culture and customs to

health programs";

"Inability to secure supplies in outfitting a new depot. . . . The equipment was in Army Quartermaster not being used";

"Policies too often inflexible. Ex-German physicians unable to obtain permits to go into another zone to obtain much needed Insulin";

"De-Nazification program seemed impractical to me. . . . Most nurse leaders had to be removed from jobs -- many did not seem to realize they were Nazi";

"Firing all 'party' members left hospitals and Public Health Organizations depleted of qualified personnel immediately following hostilities";

"No information in one area until a survey was made. . . . No idea where to start";

"Both from a professional and administrative point of view the Army nurse was given very little guidance in developing her program";

"There were no Army directives or policies specific for P.H.N.'s. . .we found our niche in the team as best we could. . . . Sometimes the P.H.N. was the only member representing health".

"These personnel (medical officers, detachment commanders, or unit leaders) seemed unfamiliar with the Army nurses role";

"The job of the public health nurse had not been defined. She was anything from custodian of the penicillin to reorganizer of German nursing organizations to counterpart city and/or county health officer";

"Assigned by one Command but responsible to another. ...with logistics from a third";

"Much confusion in this area (channels of command). Never quite clear to whom responsibile, M. G. Commander, Health Officer, Nurse Consultant";

". . .there were no real nursing channels";

> "The Commanding Officer did not approve of the Army nurse making long trips into the province. Whenever such travel was indicated, elaborate advance preparation was made, which took so long to negotiate that many sections. . . were not visited".

Thirty-two per cent of the responses indicating inhibition of the nursing program were in the classification dealing with mechanical communication, logistics, equipment and supplies. Nineteen per cent of this grouping was in the administrative problem area. Sixty-one per cent indicated no inhibition was experienced due to these circumstances while seven per cent stated them as not applicable. Some pertinent points of view designating various aspects of the administrative grouping is especially emphasized in the need for provisions for the nurse traveling officially. The following were given as examples: consideration for personal safety, food and overnight facilities; transportation which is available, in good repair and appropriate for the job at hand.

Significant comments in the area of equipment and supplies referred primarily to the need for nursing school texts, manuals and teaching equipment as well as for funds to provide for translations and printing materials.

A great lack of basic medical supplies and equipment was indicated in most instances as a real problem

area since most hospitals had received damage "ranging from complete destruction to minor damage".

Twenty-three per cent of the responses indicated inhibition due to cultural differences, attitudes and feelings. These were almost equally divided between the administrative and the professional areas. Within the classification, seventy-one per cent of the responses indicate no inhibition and five per cent not applicable. Of the responses which indicated inhibition, the chief references made were: non-acceptance on the part of team members of the differences in foreign culture-persons who were not informed or were not interested in public health; indifference, resistance or hostile reactions because of "confused or frequent changes in policy", or, "CAMG's lack of knowledge of methods". Comments were made as to the "openly friendly but (underneath) sullen, hostile attitudes" of the people toward their countrymen.

The "counter-part" plan was not readily accepted by government officials or medical groups either because the native nurses seemed to have little status, or, the local budget would not allow for the employment of a nursing consultant.

Uncooperative reactions of the local government officials to Civil Affairs Military Government may be evidenced by this statement from a respondent:

"In many of the countries there is a need 'to save face', thus they may need food but insist they need "a potato peeler".

In addition to the foregoing data, respondents were asked to point out particular ways in which they felt the U. S. Army or the policies were either especially helpful or contributed adversely to the nursing activities.

The military policy of denazification in post-war Germany was considered the chief handicap. The German nursing leaders released from positions in nursing service, schools of nursing and professional organizations, depleted the entire administrative framework of capable and experienced personnel. These leaders, replaced by inexperienced nurses, were allowed to remain only in staff nurse positions. The inefficiency, confusion and lowered morale which followed only added to the already critical situation resulting from the ravages of war. It was at this time the professional groups were in dire need of wise counsel and guidance from their own nursing leaders.

The areas considered most helpful in carrying out the nursing functions were: the excellent logistical support from both the unit assigned and other military installations; the full cooperation and willingness to give assistance on the part of organization members; the freedom to plan, organize and implement programs in

nursing with the complete support of both the commanding officer and the medical officer.

The most satisfying aspects of the Civil Affairs Military Government experiences were expressed as: the real feeling of belonging, of being appreciated and respected; the enriching experience of working with people of very different cultural patterns but whose problems were much the same as our own; the opportunity to play an active role in the development of nursing from the servant level to that which is accepted internationally; to be a team member in the huge program of internal reconstruction and rehabilitation in countries which were our own allies, or, had been our enemies.

The areas pointed out as least satisfying in the assignment, pertained primarily to: the inability to follow through on projected planning or to see the accomplishments of effort because of the short period of assignments; the feeling of incompetency due to lack of orientation to the culture of the country and "not knowing where to start;" insufficient guidance and policies; and lack of trained or extremely apathetic persons who thwarted attempts to accomplish particular objectives in the nursing program.

SUMMARY AND CONCLUSIONS

A descriptive study was done to determine the administrative and professional problems as perceived by twenty Army Nurse Corps Officers who served with Civil Affairs Military Government for varying lengths of tours between 1944 and 1955. The assignment areas included Germany, Austria, France, Japan, Okinawa and Korea. The survey population consisted of nurses made known to the research worker by the Office of the Surgeon General and through referrals.

A review of literature revealed no previous studies and little written material in this area of nursing.

Data for the study are based on findings from the mailed structured questionnaire, 11 April to 11 May 1959.

This research project was designed to identify and classify particular problem areas in nursing encountered during a Civil Affairs Military Government assignment. Based on the stated circumstances in the questionnaire, the total responses indicated either inhibition or no inhibition in the nursing program, or, that the circumstances were not applicable to the assignment. Thirty-two per cent of the responses indicated inhibition, sixty-one per cent no inhibition, and five per cent not applicable. Of the response area indicating inhibition (32%) the

greatest was administrative (13%).

The five classifications of circumstances show areas of clumping which indicated inhibition, no inhibition, or not applicable. Within the linguistic and verbal communication classification, the almost equal percentage indicating inhibition (47%) and no inhibition (50%) offers adequate reason for further consideration and study. Within the group indicating inhibition (47%), respondents emphasized the inability to communicate adequately through an interpreter as their chief difficulty. It was felt conferring "with" an individual was the first step toward good interpersonal relationships. The professional preparation and personnel section indicated inhibition, thirty-four per cent -- of this, the professional problem area was eighteen per cent. The findings indicated competancy and preparation was commensurate with the responsibilities in public health activities. However, feelings of inadequacy were expressed in giving assistance in special fields such as nursing education, hospital administration and midwifery. This area then deserves consideration in the selection and preparation of nurses for particular assignments.

Inhibition of the nursing program was indicated, chiefly administrative (23%), in the policies, directives, planning and preparation classification. Respondent's

comments emphasized this area quite vividly and pointed out the need for greater concern relative to methods and their application in the organizational framework.

It was the researcher's thought, previous to the study, that cultural differences, attitudes and feelings would indicate a basis for extensive inhibition. However, this grouping (32%) in relation to the area indicating no inhibition (71%), was proportionately less than in the other four classifications.

Of the total responses to stated circumstances, almost two-thirds indicated no inhibition in the nursing program. This points out the close relationship between time lapse and recall -- the longer period of time between an experience and point of recall, the less remembered. For some respondents in this study it was fourteen years since their experience with Civil Affairs Military Government. The importance of a "built-in" and continuous method of evaluation adapted to the situation as it occurs is invaluable in program planning.

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A P P E N D I C E S

APPENDIX A

QUESTIONNAIRE

INSTRUCTIONS TO RESPONDENT

This questionnaire is for the purpose of obtaining information related to the problems as you believed them to be. Please be as frank in your responses as possible and give to this study as much explicit corresponding incidental information as is possible in the space provided (page 5).

Definition of terms:

1. For the purposes of this study, administration problems will be defined as those problems relating to management, direction and/or process of administering the standards of operation, general organization and functional activities of Civil Affairs Military Government.

2. Professional problems in this study will be defined as those problems concerned with the principles and practices or basic activities of professional nursing.

3. Counter-part refers to that plan where the native or local nurse had a corresponding and comparable position to the Army Nurse Corps Officer assigned to Civil Affairs Military Government.

The following is an example which illustrates the kind of information desired for this research project:

I. SPECIFIC PROBLEM AREAS

A. Did you, as an Army Medical Officer assigned to Civil Affairs Military Government, personally experience inhibition of the public health program due to the following circumstance? If so, please indicate by a plus sign (+) in the appropriate column, accordingly, as you think the problem was primarily Administrative or primarily Professional as it applied to your assignment(s). If you personally experienced no inhibition due to the circumstance, place a zero (0) in both columns.

	Administrative	Professional
1. A lack of knowledge regarding differences in local food patterns.	______	+

- -

B. State briefly an incident describing an inhibition of the public health program due to the foregoing circumstance:

1. Previous advisory personnel unfamiliar with the importance of rice in the daily diet of the oriental, requested huge quantities of grain to be distributed with much insistance that people change from eating rice to eating grain. It was later found that only the rats ate the grain and furthermore, the people were quite antagonistic toward any future suggestions made by the Medical Officer in reference to food additions or changes.

QUESTIONNAIRE

1. SPECIFIC PROBLEM AREAS

A. Did you, as an Army nurse assigned to Civil Affairs Military Government, personally experience inhibition of the nursing program due to any of the following circumstances? If so, please indicate by a plus sign (+) in the appropriate column, accordingly, as you think the problem was primarily Administrative or primarily Professional as it applied to your assignment(s). If you personally experienced no inhibition due to the circumstance, place a zero (0) in both columns.

	Administrative	Professional
1. Lack of prior knowledge of the characteristics of the country, such as, history of the country, social-economic factors, religious beliefs, or superstitions.	____	____
2. Lack of understanding on the part of the team members of differences pertaining to foreign culture (customs, attitudes, mores, laws, etc.)	____	____
3. Non-acceptance on the part of team members of the differences in foreign culture (mores, customs, values, attitudes, beliefs, etc.)	____	____
4. Insufficient information concerning health conditions of a specific locale prior to an assignment.	____	____
5. Army directives or policies which were unrealistic, impractical or insufficiently flexible to permit adaptation to local conditions	____	____
6. Lack of timely policy guidance.	____	____
7. Indefinite channels of command.	____	____
8. The role and the function of the Army nurse not clearly stated or defined.	____	____
9. Poor functioning of mechanical communication facilities.	____	____
10. Insufficient, or lack of, transportation facilities.	____	____
11. Restrictions as to time, place or area of travel.	____	____
12. Lack of provision of personal saftey measures, food, water and overnight facilities for nurses traveling officially.	____	____

	Administrative	Professional
13. Lack of cooperation or assistance from other military service units.	____	____
14. Too frequent transfer of members of the CAMG organization or team.	____	____
15. Inadequately trained personnel assigned to CAMG.	____	____
16. Lack of competent nursing consultive assistance for CAMG team nurse(s).	____	____
17. Lack of CAMG personnel able to speak the local language.	____	____
18. Insufficient number, ineffective, or untrustworthy native interpreters.	____	____
19. Hostile reactions or resistance of local populace to a CAMG group.	____	____
20. Passive resistance or uncooperative reactions of the local government officials to CAMG.	____	____
21. Indifference or opposition of native medical and nursing personnel to CAMG mission.	____	____
22. Resistance on the part of local government officials regarding the "counter-part" plan for nurses.	____	____
23. Cultural differences in regard to social status and acceptance of native nurses.	____	____
24. Differences in method of training of native nurses and in their interpretation of nursing care.	____	____
25. Lack of cooperation of native nurses due to nationality differences and an "outsider telling them what to do."	____	____
26. A negative attitude of the Army nurse toward giving assistance and guidance in nursing service to foreign peoples.	____	____

	Administrative	Professional
27. Inadequate academic preparation or work experience of the Army nurse to competently interpret public health nursing to the local government officials, medical and nursing groups.	____	____
28. Inadequate academic preparation of the Army nurse expected to assist in the establishment and operation of schools or nursing.	____	____
29. Insufficient experience and educational preparation of the Army nurse expected to advise in the formation of nurse licensure laws.	____	____
30. Lack of experience of the Army nurse in assisting with the establishment of official nurse organizations.	____	____
31. Inadequate academic preparation and work experience of the Army nurse expected to advise in the preparation of nursing manuals and the selection of nursing texts.	____	____
32. Limitation of experience or education of the Army nurse to give guidance in public health nursing practice (e.g. Communicable Disease Control).	____	____
33. Lack of educational preparation of the Army nurse to offer advisory assistance in midwifery.	____	____
34. Insufficient academic preparation and work experience of the Army nurse expected to give guidance in hospital nursing administration and supervision.	____	____
35. Inadequate supply of appropriate local nursing textbooks, teaching aids, and/or equipment.	____	____
36. Insufficient medical supplies (e.g. vaccines, drugs, surgical dressings, instruments, equipment, etc.) or sanitary supplies (e.g. soap, DDT, water purification chemicals, etc.)	____	____
Other Circumstances (Specify on the next page as many as you like and indicate whether they were primarily in the Administrative or Professional area.)		

B. For the particular inhibitions of the nursing program which you have indicated by a plus (+) in the foregoing section, please state briefly wherever possible, an incident or anecdote describing or pointing up the inhibition. Each numbered space corresponds to the number of the circumstance. The additional space is provided for your use.

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C. If you experienced any inhibitions in working with the people of the country in carrying out your CAMG nursing function, please indicate any specific ways in which you think U. S. Army policies were primarily responsible.

D. Please state briefly any particular ways in which the U. S. Army was especially helpful in assisting you to carry out your nursing activities with CAMG.

II. INDIVIDUAL ASPECTS OF ASSIGNMENT

A. What was the most satisfying aspect of your experience with CAMG?

1. Administrative

2. Professional

B. What was the least satisfying aspect about your CAMG assignment?

1. Administrative

2. Professional

Do you desire a summary of the findings of this study? Yes___ No___

APPENDIX B

LETTER TO RESPONDENTS

20 Lamark Road
Chapel Hill, North Carolina
11 April 1959

You may recall my letter to you several months ago regarding a research study which I am doing as a partial fulfillment for the degree of Master of Public Health at the University of North Carolina. This project is entitled "A Study to Determine the Administrative and Professional Problems as Perceived by Army Nurse Corps Officers During Their Assignment With a Civil Affairs Military Government Organization."

The most important part of this study is the information derived from nurses who, like yourself, previously served with a CAMG organization. Therefore, the attached questionnaire has been designed for the purpose of determining specific problem areas as you believe they existed. Space has been provided for any explanations or additional remarks that you may wish to make. Please be as explicit and frank as possible in your responses. The sources of information will not be revealed in the study and the data you give will be compiled as a statistical summary.

Identification of the administrative and professional problems will enable better planning of careers for selected nurses in future assignments of this type. If you desire an abstract of these findings, I will be happy to forward it to you upon completion.

Your cooperation and earliest possible response will be deeply appreciated. Kindly return the completed form to me in the inclosed, self-addressed stamped envelope on or about 22 April 1959.

Thanking you for your assistance, I am

Sincerely,

Margaret E. Weydert
Captain, Army Nurse Corps

Inclosures
1. Questionnaire
2. Self-addressed stamped envelope

APPENDIX C

LETTERS TO POSSIBLE PARTICIPANTS IN THE STUDY

The Department of the Army, Office of the Surgeon General, Washington 25, D.C. has informed me of my selection for civilian education at the University of North Carolina, Chapel Hill, N.C. for one academic year starting September, 1953. In partial fulfillment for my degree of Master of Public Health, a research project is required. This project, approved by the Surgeon General's Office, will concern the Army nurse in Civil Affairs Military Government.

Major Elizabeth A. Pagels, Chief, Army Health Nursing Branch, Preventive Medicine Division, Office of the Surgeon General, Washington 25, D.C. sent me the names of nurses who were known participants in CAMG activities. She feels that this list is by no means complete and has suggested that the list of names go to each of you with a request for names of persons you may know which do not appear. Only with a complete list of persons who participated in CAMG can I expect to get a true picture of the Army nurse activities in such a program.

As far as possible, kindly give the following information of yourself, of those persons who appear on the list, and of any persons you may add to the list.

1. Present complete name.
2. Present complete address.
3. Organization to which person was assigned with CAMG.
4. Country where CAMG activities took place.
5. Dates the nurse participated in CAMG activities.

It would be greatly appreciated if you know other Army nurses who were assigned with CAMG, to please list those persons as well. If you care to offer any assistance, or suggestions for the research project, your contributions will be gratefully accepted.

Sincerely,

Margaret E. Weydert
Captain, Army Nurse Corps

Inclosure:
List of nurses
with CAMG experience

At the present time, I am attending one academic year of study under Army sponsorship at the University of North Carolina, School of Public Health, Chapel Hill, N.C. In partial fulfillment for my degree of Master of Public Health, a research project is required. This project, approved by the Office of the Surgeon General, will concern the Army nurse in Civil Affairs Military Government.

Major Elizabeth A. Pagels, Chief, Army Health Nursing Branch, Preventive Medicine Division, Office of the Surgeon General, Washington 25, D.C., sent me the names of Army nurses who were known participants in CAMG activities. When letters were sent to the persons on this list, various data were requested, including the names and addresses of persons in addition to those who were listed, who were known by any of the contacted individuals to have served with CAMG. These are the people I am now attempting to contact to request further information regarding their correct address and CAMG experience. It is hoped that these data can be used as a means of obtaining information for the research study.

As far as possible, kindly give the following information of yourself, and other nurses known to have participated in CAMG activities.

1. Present complete name.
2. Present complete address.
3. Organization to which person was assigned with CAMG.
4. Country where CAMG activities took place.
5. Dates the nurse(s) participated in CAMG activities.

Your very earliest response will be most appreciated.

Sincerely,

Margaret E. Weydert
Captain, Army Nurse Corps

My appreciation to you for the prompt response to the request for further information regarding your activities or those of other nurses previously assigned with a Civil Affairs Military Government organization. I know the assistance you have offered will be most valuable and the information you can give will be extremely important for the research study.

I shall contact you at a later date once my course gets under way at the University.

Sincerely yours,

Margaret E. Weydert
Captain, Army Nurse Corps

APPENDIX D

ABSTRACT

20 Lanark Road
Chapel Hill, N. C.
26 May 1959

Dear

It was indeed a pleasure to have had your valuable assistance in my research project. Without your full cooperation this study would not have been possible.

Inclosed is an abstract of the study and it is hoped you will find it both interesting and informative.

My sincere and grateful appreciation for your contribution.

Sincerely,

Margaret E. Weydert
Captain, Army Nurse Corps

A STUDY TO DETERMINE THE ADMINISTRATIVE AND PROFESSIONAL PROBLEMS AS PERCEIVED BY ARMY NURSE CORPS OFFICERS DURING THEIR ASSIGNMENT WITH A CIVIL AFFAIRS MILITARY GOVERNMENT ORGANIZATION

(An Abstract of the Study)

This particular research study was selected to determine the problems in administration and professional nursing as experienced by Army Nurse Corps Officers who have previously served with Civil Affairs Military Government. It is believed that appropriate skills, interests and motivation of the nurse play an integral part both in her selection and in her preparation for future assignment in Civil Affairs Military Government. Our experiences in World War II and the Korean "hostilities" can and do indicate areas in which investigation, planning, preparation, implementation and evaluation were not always carried out to the fullest extent.

It is hoped that the study will provide impetus for further investigation and critical evaluation in this quite unusual area of military nursing.

In reviewing the literature no previous studies were revealed and written materials considered health matters generally in the realm of public health, welfare and sanitation.

This descriptive study was primarily designed in an attempt to identify and classify particular problem areas in nursing encountered during a Civil Affairs Military

Government assignment. The survey population consisted of twenty nurses who previously served in this capacity as Army Nurse Corps Officers for varying lengths of tours between 1944 and 1955. The assignment areas included Germany, Austria, France, Japan, Okinawa and Korea. Correlation of problem areas to any particular group of nurses was impossible because of such differences as: length of tours of individual nurses; varying numbers of nurses assigned to the countries; span of years nursing service was provided; service on a team and that on headquarters level; and academic preparation and experience.

The survey population consisted of nurses made known to the research worker by the Office of the Surgeon General and through referrals. Thirty-one structured questionnaires were mailed to nurses previously contacted, who met the service requirements and had indicated interest in participating in the study. Twenty-eight questionnaires were returned -- of these, eight were disqualified. Thus data for this study are based on findings from twenty questionnaires, 11 April to 11 May 1959.

Based on the stated circumstances in the questionnaire, the total responses indicated either inhibition or no inhibition in the nursing program, or, that the circumstances were not applicable to the assignment. Thirty-two per cent of the responses indicated inhibition, sixty-one per cent no inhibition, and five per cent not applicable.

Of the response area indicating inhibition (32%) the greatest was administrative (13%).

The five classifications of circumstances show areas of clumping which indicated inhibition, no inhibition, or not applicable. Within the linguistic and verbal communication classification, the almost equal percentage indicating inhibition (47%) and no inhibition (50%) offers adequate reason for further consideration and study. Within the group indicating inhibition (47%) respondents emphasized the inability to communicate adequately through an interpreter as their chief difficulty. It was felt conferring "with" an individual was the first step toward good interpersonal relationships. The professional preparation and personnel section indicated inhibition, thirty-four per cent -- of this, the professional problem area was eighteen per cent. The findings indicated competancy and preparation was commensurate with the responsibilities in public health activities. However, feelings of inadequacy were expressed in giving assistance in special fields such as nursing education, hospital administration and midwifery. This area then deserves consideration in the selection and preparation of nurses for particular assignments.

The eight per cent responses indicating circumstances not applicable were apparently based on experiences of those nurses serving in the early phases of occupation and their immediate concern was other than nursing education or

reorganization of professional groups.

Inhibition of the nursing program was indicated, chiefly administration (23%), in the policies, directives, planning and preparation classification. Respondent's comments emphasized this area quite vividly and pointed out the need for greater concern relative to methods and their application in the organizational framework.

It was the researcher's thought, previous to the study, that cultural differences, attitudes and feelings would indicate a basis for extensive inhibition. However, this grouping (32%) in relation to the area indicating no inhibition (71%), was proportionately less than in the other four classifications.

Of the total responses to stated circumstances almost two-thirds indicated no inhibition in the nursing program. This points out the close relationship between time lapse and recall -- the longer period of time between an experience and point of recall, the less remembered. For some respondents in this study it was fourteen years since their experience with Civil Affairs Military Government. The importance of a "built-in" and continuous method of evaluation adapted to the situation as it occurs is invaluable in program planning.

For purposes of greater clarification and individual interpretation of data, Tables V and VI from the study, are attached.